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UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(B), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPRO	OMB APPROVAL						
OMB Number: Expires: November Estimated average to hours per response.	ourden						

SEC USE ONLY						
Prefix	Serial					
DATE RE	CEIVED					
1						

Name of Offering (check	if this is an amendment ar	nd name has change	d, and indicate	change.)	· · · · · · · · · · · · · · · · · · ·	_
Convertible Promissory Notes		Ü	·	5 /	A. Carrier and Car	
Filing Under (Check box(es) tha	t apply): Rule 504	☐ Rule 505	□ Rule 506	Section 4(6)	ULOE 🚴	
Type of Filing: New Filin	· · · · <u>—</u>	_	_			
	A. BA	SIC IDENTIFICA	TION DATA		ECONTRIBUTION SOUNCE	_
1. Enter the information request	ed above the issuer					
Name of Issuer (check if	this is an amendment and	name has changed,	and indicate ch	nange.)	JAJN .) 2005 /	
Peak Strategy, Inc.						
Address of Executive Offices	(Number	and Street, City, St	ate, Zip Code)	Telephone Number	(Including Area Code)	
600 Grant Street, Suite 5320, P	ittsburgh, PA 15219			412/558-5835	\$4% to 45 15 15 1	
Address of Principal Business O	perations (Number	and Street, City, St	ate, Zip Code)	Telephone Number	(Including Area.Code)	
(if different from Executive Offi-	ces)					
Brief Description of Business						
to develop and sell software						
Type of Business Organization					 	
□ corporation	limited partner	ship, already forme	d	-		
business trust	limited partner	•		other (please spe	ecity): PROCE	SSE
		Month	Year			Carries Ir
Actual or Estimated Date of Inco	rporation or Organization	: 0 8 (2 🛛	Actual	nated / JUN 1 1	2003
Jurisdiction of Incorporation or G	Organization: (Enter two	o-letter U.S. Postal	Service abbrev	iation for State:		-44A
	CN for Ca	anada; FN for other	foreign jurisdi	ction)	P A THOMSO	Ν

GENERAL INSTRUCTIONS

Federal

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION-

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized with the past five years; • Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and · Each general and managing partner of partnership issuers. Check Box(es) that Apply: □ Promoter Beneficial Owner □ Director General and/or Managing Partner Full Name (last name first, if individual) Thompson, Dean Business or Residence Address (Number and Street, City, State, Zip Code) 600 Grant Street, Suite 5320, Pittsburgh, PA 15219 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer □ Director General and/or Managing Partner Full Name (last name first, if individual) Brennan, Michael Business or Residence Address (Number and Street, City, State, Zip Code) 600 Grant Street, Suite 5320, Pittsburgh, PA 15219 Check Box(es) that Apply: □ Promoter Beneficial Owner ☐ Executive Officer Director General and/or Managing Partner Full Name (last name first, if individual) Mawhinney, David Business or Residence Address (Number and Street, City, State, Zip Code) 600 Grant Street, Suite 5320, Pittsburgh, PA 15219 □ Promoter ☐ Executive Officer □ Director General and/or Check Box(es) that Apply: □ Beneficial Owner Managing Partner Full Name (last name first, if individual) Summa Technologies, Inc. Business or Residence Address (Number and Street, City, State, Zip Code) 600 Grant Street, Suite 5320, Pittsburgh, PA 15219 Check Box(es) that Apply: ☐ Promoter Beneficial Owner ☐ Executive Officer Director General and/or Managing Partner Full Name (last name first, if individual) Schneider, Lauren (joint ownership with spouse) Business or Residence Address (Number and Street, City, State, Zip Code) 600 Grant Street, Suite 5320, Pittsburgh, PA 15219 Check Box(es) that Apply: ☐ Promoter Beneficial Owner ☐ Executive Officer Director General and/or Managing Partner Full Name (last name first, if individual) Brennan, Julie (joint ownership with spouse) Business or Residence Address (Number and Street, City, State, Zip Code) 600 Grant Street, Suite 5320, Pittsburgh, PA 15219

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

Beneficial Owner

Promoter

Business or Residence Address (Number and Street, City, State, Zip Code)

Check Box(es) that Apply:

Full Name (last name first, if individual)

Mawhinney, Kristan (joint ownership with spouse)

600 Grant Street, Suite 5320, Pittsburgh, PA 15219

☐ Executive Officer

General and/or

Managing Partner

Director

´ 				В. І	NFORMAT	TION ABO	UT OFFE	RING				·
											Yes	
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?									\boxtimes			
Answer also in Appendix, Column 2, if filing under ULOE.												
2. What is the minimum investment that will be accepted from any individual?									N/A			
3. Doe	s the offeri	ng permit jo	int ownersh	ip of a sing	le unit?						Yes ⊠	No
										any commis-		
to b	e listed is a the name of	n associate the broker	d person or or dealer.	agent of a	broker or d	ealer registe persons to b	ered with the	e SEC and/	or with a st	g. If a person tate or states, such a broker		
Full Name (I	ast name fir	st, if individu	ıal)									
N/A												
Business or	Residence A	ddress (Num	ber and Stre	et, City, Star	te, Zip Code)							
Name of Ass	sociated Bro	ker or Dealer						<u> </u>				
		·										
States in Wh	ich Person I	isted Has So	olicited or Int	ends to Soli	cit Purchaser	'S						
(Check	"All States"	or check ir	ndividual Sta	ites)							□ A	Il States
□ AL	□ AK	□AZ	□AR	□CA	□co	СТ	DE	DC	□FL	□GA	□ні	□ID
	□ IN	□IA	□KS	□KY	□LA	□ ME	□MD	□MA	□MI	□MN	□MS	□мо
□MT	□NE	□NV	□NH	□NJ	□ NM	NY	□NC	□ND	OH	□ok	OR	□PA
RI	SC	SD	□TN	□TX	UT	□ VT	□VA	□WA	wv	WI	□WY	□PR
Full Name (I	ast name fire	st, if individi	ial)									
Business or l	Residence A	ddress (Num	ber and Stree	et, City, Stat	e, Zip Code)							
									_			
Name of Ass	sociated Bro	ker or Dealei	7									
States in Wh	ich Person L	isted Has So	olicited or Int	ends to Soli	cit Purchaser	S			<u> </u>			
(Check	"All States"	or check in	dividual Sta	ites)	<i>,</i>						□ A	Il States
□AL	□ak	□AZ	□AR	□CA	□co	□CT	□DE	□DC	□FL	□GA	□ні	□ID
□IL	□IN .	□IA	□ĸs	□KY	□LA	□ME	\square MD	□MA	□MI	□MN	□MS	□мо
☐MT .	□NE	□NV	□NH	□NJ	□NM	□NY	□NC	□ND	□он	□ок	□ OR	□PA
RI	□sc	SD	□ TN	□TX	UT	□ VT	□VA	_ □ WA	□ WV	□wi	□WY	□PR
Full Name (l	ast name firs	t, if individu	al)									
Business or I	Residence A	ddress (Num	ber and Stree	et, City, Stat	e, Zip Code)							
									-			
Name of Ass	ociated Brol	ter or Dealer										
States in Wh	ich Person L	isted Has So	licited or Inte	ends to Solid	cit Purchasers	s						
(Check	"All States"	or check in	dividual Sta	tes)							□ A!	ll States
□AL	□ak	□AZ	□AR	□CA	□со	□ст	DE	□DC	FL	□GA	□ні	□ID
□IL	□IN	□IA	□ĸs	□KY	□LA	□ме	□MD	□MA	□MI	□MN	□MS	□мо
□MT	□NE	□NV	□NH	□NJ	□NM	□NY	□NC	□ND	□он	□ок	OR	□РА
□RI	□sc	□SD	□TN	□TX	UT	□ VT	□VA	□WA	□wv	□wi	□WY	□PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities officer for exchange and already exchanged.					
	Type of Security		Aggregal Offering Pi		Amo	unt Already Sold
			_		¢.	3010
	Debt				3	
	Equity	\$_			\$,
	Common Preferred					
	Convertible Securities (including warrants)	\$_	700,000		\$	_0_
	Partnership Interests	\$			\$	
	Other (Specify)	\$_			\$	
	Total	\$_	700,000	<u> </u>	\$	0
	Answer also in Appendix, Column 3, if filing under ULOE.					
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."					
			Number Investors		Doll	ggregate ar Amount Purchases
	Accredited Investors				\$	
	Non-accredited Investors				\$	
	Total (for filings under Rule 504 only)				\$	
	Answer also in Appendix, Column 4, if filing under ULOE.					
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.					
	Type of offering		Type of Security		Doll	ar Amount Sold
	Rule 505				\$	
	Regulation A				\$	
	Rule 504				\$	
	Total				s	
4.						
	Transfer Agent's Fees				\$	
	Printing and Engraving Costs				\$	
	Legal Fees			⊠	ς	7,000
	Accounting Fees					7,000
] [
	Engineering Fees] [3	
	Sales Commissions (specify finders' fees separately)				\$	
	Other (Specify travel, copying, misc.)	•••••		\boxtimes	\$	500

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

 \boxtimes

	-					
•	C. OFFERING PRICE, NUM	BER OF INVESTORS, EXPENSES AN	D US	E OF PROCE	EDS	
	b. Enter the difference between the aggregate off tion 1 and total expenses furnished in response to "adjusted gross proceeds to the issuer."	o Part C - Question 4.a. This difference is	the			<u>\$ 692,500</u>
5.	Indicate below the amount of the adjusted gross used for each of the purposes shown. If the arrestimate and check the box to the left of the estim the adjusted gross proceeds to the issuer set forth in	mount for any purpose is not known, furnishate. The total of the payments listed must e	h an			
				Payments to Officers, Directors, & Affiliates		Payments To Others
	Salaries and fees] \$			
	Purchase of real estate] \$		□ \$	<u>.</u>
	Purchase, rental or leasing and installation of ma-	chinery and equipment] \$			
	Construction or leasing of plant buildings and fac-	cilities] \$			
	Acquisition of other businesses (including the va offering that may be used in exchange for the ass issuer pursuant to a merger)	sets or securities of another	٠.			3
	Repayment of indebtedness					
	Working capital					692,500
	Other (specify):		υ Ψ			
	· · · · · · · · · · · · · · · · · · ·		•			
						602 500
	Column Totals					692,500
	Total Payments Listed (column totals added)	D. FEDERAL SIGNATURE		⊠ s <u>692</u>	, 500	
					C1 1	1 7 1 606 1
oll	issuer has duly caused this notice to be signed owing signature constitutes an undertaking by t st of its staff, the information furnished by the i	he issuer to furnish to the U.S. Securities	and E	xchange Comi	missio	n, upon written re-
ssu	er (Print or Type)	Signature X7		Date		
	ak Strategy, Inc.	Oa Choum		Jun	e 4.	2003
_	ne of Signer (Print or Type)	Title of Signer (Print or Type)			- · •	
De	an Thompson	President				